. Health,
& Welfare
. Public
h Service

S. 300
. 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-045131
STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. Registrar's No. 486

FILED DEC 29 1958

1. PLACE OF DEATH
a. COUNTY: Pettis
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Lamonte, — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Residence, — Length of stay in 1b: Life

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Pettis
c. CITY OR TOWN: Lamonte, — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): Lamonte, Mo. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: GILLMAN Middle: H Last: SCOTT
4. DATE OF DEATH: Month December Day 20th. Year 1958
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: May 28, 1894
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: General
11. BIRTHPLACE (City and state or country): Pettis County, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Rush M. Scott
13b. MOTHER'S MAIDEN NAME: Nancy Todd
14. NAME OF HUSBAND OR WIFE: Willa Esther Scott,
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: 495-10-1382
17. INFORMANT: Mrs. Willa E. Scott, Address: Lamonte, Missouri

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Chr. Valvular Disease
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): ✓
DUE TO (c): ✓
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4214
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☒
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. ✓ Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION: Lamonte COUNTY: Pettis STATE: Mo

21. I attended the deceased from Dec 1 - 58, to 12-20-58 and last saw him alive on 12-20-58
Death occurred at 2:45 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: R. W. Graves (Degree or title): M.D.
22b. ADDRESS: Knobnoster, Missouri.
22c. DATE SIGNED: 12-21-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 12-24-1958
23c. NAME OF CEMETERY OR CREMATORY: Lamonte Cemetery,
23d. LOCATION (City, town, or county) (State): Lamonte, Missouri

24. FUNERAL DIRECTOR: R.A. Brauninger, ADDRESS: Warrensbrug, Mo.
25. DATE RECD. BY LOCAL REG.: 12-24-1958
26. REGISTRAR'S SIGNATURE: Frances Shelby

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Richard T. McDonald

Licensed Embalmer No. 4825

P. O. Address Warrensburg

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.